Biological & Medical Serials

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XII. HALIFAX, NOVA SCOTIA, FEBRUARY, 1900. No. 2.

TO PREPARE THE PATIENT

for a surgical operation, and subsequent thereto, there is no food to compare with PANOPEPTON.

In all cases where the nutrition of the patient is of prime importance, PANOPEPTON can be relied upon.

In desperate straits, due to intolerance of food, PANOPEPTON has saved the patient.

In many cases where the patient has steadily lost strength under other foods, PANOPEPTON has nourished and restored the patient to health.

PANOPEPTON has a most agreeable flavor; is exceedingly grateful to the stomach. PANOPEPTON contains no cane sugar. Manufactured by

FAIRCHILD BROS. & FOSTER, NEW YORK.

408704th
9.1.43

PRINTED BY JAMES BOWES & SONS, 142 HOLLIS ST., HALIFAX.

THE GREAT FACT IN MODERN MEDICINE:

"The Blood is the Life,"

And Where Nature fails to make Good Blood,

WE CAN INTRODUCE IT.

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock;
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE "ANTITOXIN" of Healthy Nature.

In the more enlightened progress of Modern Medicine, "Blood-letting" has given place to Blood-*getting*.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man's assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

TRY IT IN PRACTICE.

TRY it in ***Anæmia,*** measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

Try it in ***Consumption,*** with the same tests from week to week.

Try it in ***Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in ***Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by ***subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution!*

Try it on ***Chronic Ulceration,*** in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality.*

Try it in ***Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

Try it on the ***Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on ***anything,*** except plethora or unreduced inflammation; but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

A New Hand-book of Hæmatherapy for 1898, epitomizing the clinical experience of the previous three or four years, from the extensive reports of Hospital and private practice. To be obtained of

THE BOVININE COMPANY, 75 W. Houston Street, New York.

LEEMING MILES & CO., Montreal, Selling Agents for Canada.

LISTERINE

The word Listerine assures to the Medical Profession a non-poisonous antiseptic of well-proven efficacy; uniform and definite in preparation, and having a wide field of usefulness.

On account of its absolute safety, Listerine is well adapted to internal use and to the treatment of Catarrhal Conditions of the mucous surfaces.

Literature Describing the Best Methods For Using

LISTERINE in the Treatment of Diseases of the Respiratory System

will be mailed to your address upon application.

LAMBERT'S LITHIATED HYDRANGEA!

RENAL ALTERATIVE—ANTILITHIC.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in diseases of the uric acid diathesis, at once justified the therapeutic claims of LAMBERT'S LITHIATED HYDRANGEA when first announced to the medical profession, whilst subsequent use and close clinical observation has caused it to be regarded by physicians generally as a very valuable Kidney Alterative and Antilithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hematuria, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

LAMBERT PHARMACAL CO., St. Louis.

SCOTT'S EMULSION

THE WHOLE OIL!

There is no secret about Scott's Emulsion. Nothing is covered up by obscure references to active principles or alkaloids. Neither is it an alcoholic mixture put up under some mystifying title.

It is simply an emulsion of the best Norwegian cod-liver oil combined with the hypophosphites and glycerine.

We use the whole oil (*a*) because the great reputation of cod-liver oil as a food and medicine was made by using it in this way; (*b*) because such use is, almost without exception, approved by the medical profession of the whole world; and (*c*) because we fail to find a single writer, worthy to be called an authority, who advocates differently.

When cod-liver oil is indicated, the whole oil must be used.

We will gladly send you our formula, together with sample bottles, upon request.

Two sizes; 50c. and $1.00. SCOTT & BOWNE, Chemists, Toronto

OF COD-LIVER OIL WITH HYPOPHOSPHITES

McGILL UNIVERSITY, Montreal.

FACULTY OF MEDICINE. Sixty-Seventh Session, 1899-1900.

OFFICERS AND MEMBERS OF THE FACULTY.

WILLIAM PETERSON, M. A., LL. D., Principal of University.
R. F. RUTTAN, B. A., M. D., Registrar.
ROBERT CRAIK, M.D., LL.D., Dean of the Faculty.
J. G. ADAMI, M. A., M. D., Director of Museum.
F. G. FINLEY, M. D., Lond., Librarian.

EMERITUS PROFESSORS.

WILLIAM WRIGHT, M. D., L. R. C. S., DUNCAN C. McCALLUM, M. D., M. R. C. S.
SIR WM. DAWSON, C. M. G., L.L. D., F. R. S.

PROFESSORS.

ROBT. CRAIK, M. D., LL. D., Prof. of Hygiene.
G. P. GIRDWOOD, M. D., M. R. C. S. Eng., Prof. of Chemistry.
THOS. G. RODDICK, M. D., Professor of Surgery.
WILLIAM GARDNER, M. D., Professor of Gynæcology.
FRANCIS J. SHEPHERD, M. D., M. R. C. S., Eng., Professor of Anatomy.
F. BULLER, M. D., M. R. C. S., Eng., Professor of Ophthalmology and Otology.
JAMES STEWART, M. D., Prof. of Medicine and Clinical Medicine.
GEORGE WILKINS, M. D., M. R. C. S., Professor of Medical Jurisprudence and Lecturer on Histology.
D. P. PENHALLOW, B. Sc., Professor of Botany.
WESLEY MILLS, M. A., M. D., L. R. C. P., Professor of Physiology.
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy.
ALEXANDER D. BLACKADER, B. A., M. D., Pro essor of Pharmacology and Ther apeutics.
R. F. RUTTAN, B.A, M.D, Prof. of Practical Chemistry.
JAS. BELL, M. D., Prof. of Clinical Surgery.
J. G. ADAMI, M.A., M.D., Cantab. Prof. of Pathology.
H. S. BIRKETT, M. D., Prof. of Laryngology.
T. J. W. BURGESS, M. D., Prof. of Mental Diseases.
F. G. FINLEY, M. D., London, M. D., McGill, Assistant Prof. of Medicine, and Associate Professor of Clinical Medicine.
HENRY A. LAFLEUR, B. A., M. D., Assistant Prof. of Medicine and Associate Professor of Clinical Medicine.
GEORGE E. ARMSTRONG, M. D., Associate Prof. of Clinical Surgery.
WYATT JOHNSTON, M.D., Assistant Professor Public Health and Lecturer on Medico-Legal Pathology.
C. F. MARTIN, B. A., M. D., Assistant Professor of Clinical Medicine.

LECTURERS.

W. S. MORROW, M. D., Lecturer in Physiology.
JOHN M. ELDER, B. A., M. D., Lecturer in Medical and Surgical Anatomy, and Demonstrator of Surgery.
J. J. GARDNER, M.D., Lecturer in Ophthalmology.
J. A. SPRINGLE, M.D., Lecturer in Anatomy.
F. A. L. LOCKHART, M.B. (Edin), Lecturer in Gynæcology.
A. E. GARROW, M. D., Lecturer in Surgery and Clinical Surgery.
W. F. HAMILTON, M. D., Lectr. in Clinical Medicine.
G. G. CAMPBELL, B. Sc. M. D., Lect. in Clin. Med.

DEMONSTRATORS & ASSISTANT DEMONSTRATORS.

J. G. McCARTHY, M. D., Senior Demon. of Anatomy.
D. J. EVANS, M. D , Demonstrator of Obstetrics.
N. D. GUNN, M. D., Demonstrator of Histology.
R. TAIT MACKENZIE, M.A., M.D, Demstr. of Anatomy.
JAMES A. HENDERSON, M. D., Demstr. of Anatomy.
J. W. SCANE, M. D., Demonstrator of Physiology.
KENNETH CAMERON, B. A., M. D., Demonstrator o Clinical Surgery.
C. G. L. WOLF, B. A., M. D., Demonstrator of Practical Chemistry.
E. J. SEMPLE, Demonstrator of Surgical Pathology.
R. A. KERRY, M. D., Demonstrator of Pharmacy.
J. J. ROSS, B. A., M.D., Demonstrator of Anatomy.
A. E. ORR, M. D., Demonstrator of Anatomy.
A. G. NICHOLS, M. A., M. D., Demonstrator of Pathology.
H. B. YATES, B A. (Cantab), M.D., Demonstrator of Bacteriology.
A. A. ROBERTSON, B. A., M. D., Demonstrator of Physiology.
J ALEX. HUTCHISON, M. D , Demonstrator of Surgery.
J. D. CAMERON, B. A., M. D., Demonstrator of Gynæcology.
D. D. MACTAGGART, B.A., M.D., Assistant Demonstrator of Pathology.
D. P. ANDERSON, B. A., M. D., Assistant Demonstrator of Pathology.
S. RIDLEY MACKENZIE, M. D., Assisiant Demonstrator of Medicine.
H. D. HAMILTON, M. D., Demstr. of Laryngology.
T. P. SHAW, M. D., Assistant Demonstrator of Obstetrics.
JAMES BARCLAY, M. D., Assistant Demonstrator of Obstetrics.
J. A. WILLIAMS, M. D., Assistant Demonstrator of Bacteriology.
A. T. BAZIN, M.D., Assistant Demstr. of Anatomy.
H. M. CHURCH, M. D., Assistant Demonstrator of Anatomy.
W. G. REILLY, M.D., Assistant Demstr. of Anatomy.
R. A. WESLEY, M. D., Assistant Demonstrator of Anatomy.
MISS M. R. CHARLTON, Assistant Librarian.
MAUDE E. Abbott, B. A., M. D., Assistant Curator.

The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1899, on Thursday, September 21st, and will continue until the beginning of June, 1900.

The Primary subjects are taught as far as possible practically, by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side, and the student personally investigates and reports the cases under the supervision of the Professors of Clinical Medicine and Clinical Surgery. Each Student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical Wards for a period of six months each, and to have presented reports acceptable to the Professors, on at least ten cases in Medicine and ten in Surgery.

Above $100,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 20,000 volumes, the largest Medical Library in connection with any University in America.

MATRICULATION.—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

The entrance examinations of the various Canadian Medical Boards are accepted.

FEES.—The total fees including Laboratory fees and dissecting material, $125 per session.

Courses.—The ***REGULAR COURSE*** for the Degree of M.D.C.M. is four sessions of about nine months each.

A ***DOUBLE COURSE*** leading to the Degrees of B.A. and M.D.C.M., of six years has been arranged.

ADVANCED COURSES are given to graduates and others desiring to pursue special or research work in the Laboratories of the University, and in the Clinical and Pathological Laboratories of the Royal Victoria and Montreal General Hospitals.

A POST GRADUATE COURSE is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilised for purposes of Clinical Instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

For information and the Annual Announcement, apply to

R. F. RUTTAN, B. A., M. D., Registrar, McGill Medical Faculty.

A Step

in advance of all others

♣

℞ Emul. Ol. Morrh. et Hypophos. c Guaiacol, *(Parks)*

MANUFACTURED BY

HATTIE & MYLIUS,

HALIFAX, N. S.

Prices 50c. of all Druggists.

PARK'S PERFECT EMULSION COD LIVER OIL

With the Hypophosphites of Lime and Soda with Guaiacol.

OF THE MANY PREPARATIONS
of Codliver Oil now offered to the Physician,

PUTTNER'S EMULSION,

introduced twenty years ago,
IS UNDOUBTEDLY THE BEST
maintaining its superiority over all competitors,
RICH IN OIL
partially predigested by pancreatine,
PALATABLE AND ACCEPTABLE
even to delicate stomachs,
IN LARGE BOTTLES
making it the cheapest to the patient.
ALWAYS FRESH
being made daily in Halifax,
IT DESERVES THE PREFERENCE
of the intelligent prescriber.

HALIFAX MEDICAL COLLEGE.

HALIFAX, NOVA SCOTIA.

Thirty-Second Session, 1900-1901.

THE MEDICAL FACULTY.

ALEX. P. REID M. D., C. M.; L. R. C. S. Edin.; L. C. P. & S. Can. Emeritus Professor of Medicine.
EDWARD FARRELL, M. D., President and Professor of Surgery and Clinical Surgery.
JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
GEORGE L. SINCLAIR, M. D., Professor of Nervous and Mental Diseases.
DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
A. W. H. LINDSAY, M. D., C. M.; M. B. C. M., Edin.; Professor of Anatomy.
F. W. GOODWIN, M. D., C. M.; L. R. C. P.; M. R. C. S., Eng.; Professor of Materia Medica.
M. A. CURRY, M. D., Professor of Obstetrics and Gynæcology and of Clinical Medicine
MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery.
NORMAN F. CUNNINGHAM, M. D., Professor of Medicine.
C. DICKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine and of Embryology.
JOHN STEWART, M. B., C. M., Edin.; Emeritus Professor of Surgery.
G. CARLETON JONES, M. D., C. M.; M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics.
LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology.
GEO. M. CAMPBELL M. D., Professor of Histology.
F. U. ANDERSON L. R. C. S., L. R. C. P. Ed.; M. R. C. S. Eng.; Adjunct Professor of Anatomy.
N. E. MCKAY, M. D., C. M.; M. R. C. S., Eng.; Professor of Surgery.
C. E. PUTTNER, PH. M., Lecturer on Practical Materia Medica.
W. H. HATTIE, M. D., C. M., Lecturer on Bacteriology.
WALLACE MCDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics.
THOS. W. WALSH, M. D., Demonstrator of Anatomy.
H. S. JACQUES, M. D., Univ. N. S., Lecturer on Jurisprudence and Hygiene.
E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, etc.
E. H. LOWERISON, M. D., Jeff. Med. Coll., Lecturer on Ophthalmology, etc.
H. D. WEAVER, M. D., C. M., Trin. Med. Coll., Demonstrator of Histology.
A. HALLIDAY, M. B., C. M., Glas., Demonstrator of Pathology.

EXTRA MURAL LECTURER.

E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College.
ANDREW HALLIDAY, M. B., C. M., Lecturer on Biology at Dalhousie College.

The Thirty-Second Session will open on Friday, August 31st, 1900, and continue for the eight months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital, have increased the clinical facilities, which are now unsurpassed, every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

The following will be the curriculum for M. D., C. M. degrees:

1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica
(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
(Pass Final M. D., C. M Exam.)

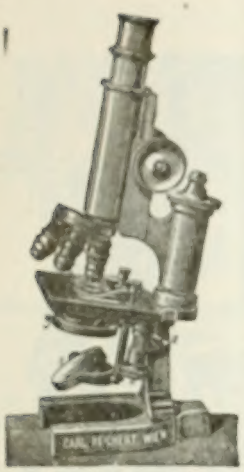
Fees may now be paid as follows:

One payment of	$250 00
Two of	130 00
Three of	90 00

Instead of by class fees. Students may, however, still pay by class fees.

For further information and annual announcement, apply to—

G. CARLETON JONES, M. D.,
Secretary Halifax Medical College.



—SOLE AGENTS FOR—
Reichert's
Microscopes, Etc.

Surgical Instruments.

One of the most complete stocks in the Dominion of up-to-date instruments manufactured mainly in . . . England.

Quality is of first importance.

Prices as low as consistent with good workmanship.

Get our quotations.

Bacteriological apparatus, Micro. Stains, Sterilizers, Batteries, and all Surgeon's Requisites.

PATERSON & FOSTER,
21 PHILLIPS SQUARE, MONTREAL.

You can Buy Medical Books

from us at **Publisher's Prices** and in some cases for less.

When you want——————
LETTER PAPER, BILL HEADS
or Stationery of any kind, drop a post card for samples and prices.

T. C. ALLEN & CO.,
HALIFAX, N. S.

THE MARITIME MEDICAL NEWS

is the Journal of the Medical Profession of the . . . . . Eastern Canadian Provinces, ...

SUBSCRIPTION IS ONLY $1.00 PER ANNUM.

Advertising Rates may be had upon application to

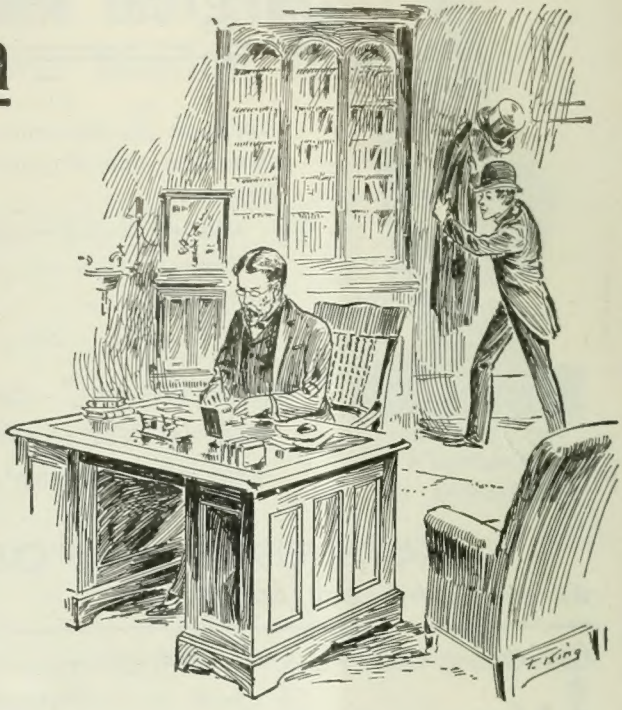
DR. JAMES ROSS, - 87 HOLLIS ST. - HALIFAX.

"Anæmia

is the sneak thief
of all diseases."

It steals on insidiously, frequently carrying in its wake the beginnings of disease of more serious import.

"Oppose beginnings," is an old and true proverb.



Pepto-Mangan ("Gude")

by furnishing the blood with an immediately absorbable combination of **Organic Iron** and **Manganese,** increases the oxygen and hæmoglobin carrying power of the red corpuscles and thus nourishes all the tissues of the body. It should be employed in cases of

ANÆMIA, CHLOR-ANÆMIA, CHLOROSIS, RACHITIS, NEURASTHENIA, or in BLOOD IMPOVERISHMENT from any cause.

To assure proper filling of prescriptions, order Pepto-Mangan "Gude" in original bottles (℥ xi).

IT'S NEVER SOLD IN BULK.

Send for samples and literature to

M. J. BREITENBACH COMPANY,

Agents for American Continent.

100 WARREN STREET. (Tarrant Building), NEW YORK.

LABORATORY,
LEIPZIG, GERMANY.

LEEMING, MILES & CO., Montreal, Selling Agents for Canada.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS.

D. A. CAMPBELL, M.D. ..... Halifax, N.S.
J. W. DANIEL, M.D., M.R.C.S. ..... St. John, N.B.
MURRAY MACLAREN, M.D., M.R.C.S. St. John, N.B.
JAMES MACLEOD, M.D. ..... Charlottetown, P.E.I.
JOHN STEWART, M.B ..... Halifax, N.S.
W. H. HATTIE, M.D. ..... Halifax, N.S.
JAMES ROSS M.D. ..... Halifax, N.S.

Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication should be legibly written in ink on one side only of white paper.

All manuscript and business correspondence to be addressed to

DR. JAMES ROSS,
87 Hollis Street, Halifax.

CONTENTS FOR FEBRUARY, 1900.

ORIGINAL COMMUNICATIONS.
Hygiene for School Children—*M. Clara Olding* 37
Senility—*Stewart Skinner* 42
CLINICAL REPORT.
Eyes Enucleated—*David Webster* 45
SELECTED ARTICLES.
A Case of Colles' Fracture which Led to a Suit for Malpractice and Prolonged Litigation—*J. M. Conerty* 48
RETROSPECT DEPARTMENT.
Treatment of Tubercular Joints and Cold Abscesses 53
Metastatic Pyæmia from Trivial Causes. 56
Suprapubic and Perineal Cystotomy .. 58
EDITORIAL.
A Continuation from Our Last..... 59
A Word of Commendation 60
SOCIETY MEETINGS.
St. John Medical Society 62
BOOK REVIEWS 64
MATTERS PERSONAL AND IMPERSONAL.. 67
MATTERS MEDICAL.
Prescription Incompatibilities—The Responsibility of the Surgeon 68
NOTES 72

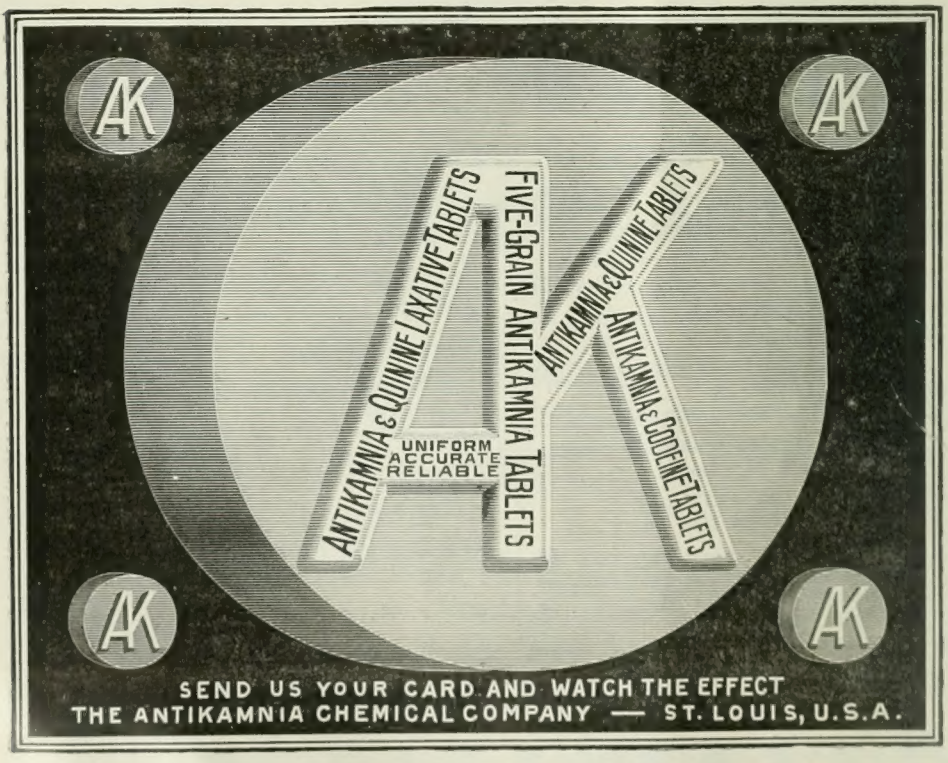
The Subscription Rate for the Maritime Medical News is $1.00 per annum.
Advertising Rates may be had upon application to DR. JAMES ROSS, 87 Hollis Street.

We have a Carefully Selected Stock of

SURGICAL INSTRUMENTS. (Just received.)
CLINICAL THERMOMETERS.
PESSARIES, Hard Rubber, Inflated Spiral Ring Cup, etc
POLITZER BAGS.
ICE BAGS, Head, Spinal and for general purposes,
HOT WATER BOTTLES.
HYPODERMIC SYRINGES in Aluminum and Leather Cases. Extra Needles, Barrels, etc.
SCHIMMEL'S ASEPTIC NEEDLES.
HARD RUBBER SYRINGES.
FOUNT. SYRINGES, with Combin H. W. Bottle.

SIMSON BROS. & CO., - HALIFAX,

Wholesale Druggists and Manufacturing Chemists.



THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. XII HALIFAX, N. S., FEBRUARY, 1900. No. 2.

Original Communications.

HYGIENE FOR SCHOOL CHILDREN.*

By M. Clara Oldino, M. D., C. M., St. John, N. B.

As my practice is largely among school children and young girls, my attention has been drawn to the condition of their school life, for it is in the school that a large part of the young life of the present day is lived. The generations now growing up are coming toward an age of large desires and most uncertain issues, and with them, the clear eye, the sound mind, the right judgment, must all be backed by the healthy body, or they will not come under the head of "the fittest" who survive. I take it, that in education they need the power of "knowledge making" rather than the knowledge itself. It were a vain task to try to give all knowledge in an age of specialism like this. Give the knowledge making power, the power of putting two and two together, the power of evolving an idea from known facts, the power of generalizing, and back it up with a healthy body, and we have the man or woman best equipped for the struggle of life.

But what do we find? Education in our schools, has come to mean largely a cramming of the mind of the child with facts, a large part of which it cannot remember, and which would be of no earthly use to it if it did. In striving to give knowledge, which is so vast and varied, there is no time left to train the mind, to teach the child how to find out things for itself, how to use its judgment, and how to gain self-

* Read before the St. John Medical Society, Dec. 2nd, 1899.

control. I do not cry out against the imparting of knowledge within a reasonable limit, but it ought not to be allowed to use up so many precious hours of the child's life.

Then the physical training of the child is deplorably neglected. It is true, there may be gymnasium exercises, but they are not in any way elevated to the importance of the mental exercises. Physical training is considered only as a side issue in school life, if it is considered at all, and to it is given the lowest seat in the synagogue. While we are often called upon to witness the ease with which school children solve a mathematical problem, or recite an incident in history, the teacher is rare who could call our attention to the fine physical condition of her pupils, the result of their gymnastic training. Yet this lack in their training might be remedied by the simple measure of shortening school hours, and giving the children more time out of doors. But from morning until night they are in the school room. Then there are lessons to prepare for the next day, so that there is only an hour or two of each school day spent out of doors.

Yet, in the adult, eight hours of steady brain work is felt to be trying. How much more so must it be to the sensitive, quickly-growing brain of the child. Such an amount of time spent, by the child, in brain work must be injurious. It is true that children, as a general rule, resemble Old King Cole, in that they "scorn the fetters of the four and twenty letters," and that they may not spend all their time in study. In that case they are wasting time indoors which ought to be spent outside. Girls particularly are reprehensibly treated in this respect. Between the ages of twelve and sixteen, "when the vital energies are absorbed in the rapid development of the body" they are often cooped in a close school room six hours of the day, in addition to spending several hours at home in study preparing for the next day's work. The natural result is a bright mind and an enfeebled body. To give an instance. Among my patients there is a young girl of fifteen. She is very tall and very slight, a delicate anæmic girl. She rises at 8 a. m. and gets to school by nine, where she remains, with the exception of the dinner hour, until four o'clock. If she has any recreation it is between that time and six o'clock. After tea she studies until ten, eleven and sometimes twelve. There is an old quotation which says "Death has many doors to let life out," and I sometimes think a modern school door is one of these. The present system of education may give to the world large numbers of well read men and women, but it also sows the seeds of consumption,

hysteria, neurasthenia and insanity, in addition to such minor affections as eye strain and nervous headaches.

Eye strain among school children may result from over-heating, poor lighting and bad ventilation. The seeds of consumption may be sown through lack of knowledge on the part of those in charge as to the manner in which it is spread, through poor ventilation, lack of sufficient out door exercise, and improper construction of the desks, permitting the child to lean forward and so interfering with the full expansion of the chest. A school desk should project a little over the edge of the seat, and should be a very little higher than the childs elbow. Then he cannot lean forward and the expansion of the chest is not interfered with. The school room should have a north light as that is the steadiest and is without glare. The light should not shine directly in the face as that is hurtful to the vision, but should shine over the left shoulder. If it shines from the right the hand casts a shadow over the work, and if from behind the body shades that which is directly in front of the child (Rohe). The child's feet should rest on the floor and should be in stout heavy soled boots, not only as a protection from the cold and wet, but to give the arch of the foot proper support. The condition of that foot is becoming, of late years, very common even in children. I wonder also if the beginning of some cases of spinal sclerosis, could not be traced to the continual jarring imparted to the spinal cord by walking in thin soled shoes.

Now as regards school hours—they should not be longer than three hours at first, and up to the age of sixteen, six hours should be the limit. A child should not be compelled nor allowed to study longer, and this includes not only school hours but study hours as well. I cannot see why a child up to the age of twelve years, cannot be taught all it needs to know in school hours. It seems to me that from 9 a. m. to 1 p. m. ought to give the child sufficient brain work, even allowing a half hour out of this for recreation. With proper teaching three and a half hours daily from the ages of eight to sixteen, should work wonders. The shorter the hours, within a certain limit, the better the work which can be done, and if from the ages of twelve to sixteen it is necessary that lessons be prepared at home, the school hours I have mentioned, would leave the afternoon free for study and recreation. There is something radically wrong with the present school system in that it absorbs to itself all the best hours of the day, leaving for the recreation hours of the child only

the poorest, especially at this season of the year, when the sun is almost, if not altogether down, when school is dismissed.

We meet with a great many cases of hysteria in girls, yet we can scarcely wonder at this when we consider that there has been no time in the girls life when attention has been paid to the development of her physical nature, and that at all times French has been considered a more important thing than common sense and self control. Her mental attitude toward others has never been questioned. She has not been taught that there is sufficient pain in everyone's life without trying to simulate it, and that the pity and sympathy so gained are of no value. But what teacher of young girls would consider such a lesson necessary, I venture to say not one, though the value of it would be beyond compare.

That the site, heating, and ventilation should all be carefully considered, in building the school room, ought to go without saying. That numbered among the school commissioners should be a physician, is also a necessity. Besides this, I would advocate that there should be a health inspector of schools—a physician, paid to inspect the schools, and endowed with power sufficient to perfect the sanitary arrangements of them, and to see that right hygienic conditions prevailed, so that the generations now growing up shall become healthy men and women, well fitted physically and mentally for the battle of life.

SENILITY *

By Stewart Skinner B. A., M. B., C. M., St. John, N. B.

Few of us know how to grow old. It is one of the most difficult chapters in the great art of living. We all desire to live long but none of us would be old.

Senescense is not a disease, but a phase of life. Many years ago the Psalmist wrote of the traditional experience of his time in these well known words. "The days of our years are threescore years and ten, and if by reason of strength they be fourscore years yet is their strength, labor and sorrow, for it is soon cut off and we fly away." Thousands of years later we find the story much the same. Statistics show us to-day that of one hundred thousand born, about one-fourth die before they reach their fifth year, and one-half before they have reached their fiftieth year. Eleven hundred will live to be ninety, and only two persons out of the one hundred thousand will reach the advanced and helpless age of one hundred and five. These figures prove that we are as far from the millenium as in the time of David. Seventy years may still be considered about the limit of the life of man, and only to a comparative few is it reserved to attain a great age.

It was formerly taught that the evolution of a living being was limited to three stages, that is, they were born, grew, and died. This description pays no regard to the period of decline, during which the vital forces of man steadily though often so slowly advance towards death.

From our earliest days the growth of our frame is accompanied by a gradual condensation of tissue till the gelatinous pulp of the primitive embryo is converted into the withered old man. Every tissue partakes of this change; the skin becomes dry, flaccid and wrinkled; the bones are denser and more brittle; the muscles participate in the condensation; instant to the cellular tissue, which enters so largely into their composition; the muscular fibres themselves are more rigid, diminished in bulk and impaired in contractility, so that they are less readily and less powerfully excited by stimuli. Hence the shrunk shanks, tottering gait and withered aspect of the old man. Worn with his weary tramp

* Read before the St. John Medical Society, Nov. 22d, 1897.

through life, no longer even to totter about, he at last lays himself down to rest. Partly from the loss of the stimulating effect of the little exercise he was able to take, and partly from a similar cause to that which has occasioned the wasting of his skeletal muscles, his power of assimilation gives way. His blood becomes diminished in quantity and defective in quality: the brain centres for relative and for organic life get badly nourished, the genesis of force becomes more and more imperfect, slight wandering delirium sets in, and death from asthenia results. This is the typical death from gradual decay. It is a mode peculiar to old age and due to failure of oxidation following failure of assimilation.

Length of years is not the only cause of old age. We should look more to the condition of the circulation than to the age of the subject. Arteriosclerosis is almost universally acknowledged to be the cause of senility. The starting point of the degeneration of the vascular system depends upon whether a man has inherited good arterial tissue. Longevity is said to be a vascular question. Herelity does not transmit old age but the conditions favorable to the development of old age. The individual is given a portion of the vital characteristics of the ancestors. So it is that arteriosclerosis sets in at an earlier age in some families without apparently any other cause than heredity.

The acquired taint, such as is induced by the abuse of alcohol, syphilis or gout, is a most important factor in bringing on senility. Overeating kills more than overdrinking.

In the nutrition of the body the processes of assimilation and disassimilation must work in harmony. The first signs of senility is a disturbance of these functions and the relations between wear and repair are broken. Imperfect assimilation, which is generally conceded to be one of the most important causes which leads to the decay of the body, is in the first place induced by changes in the vascular system. This process is so gradual and sets in so secretly that when we are able to detect it, senescense has begun to make inroads upon the system. The difficulty of detecting the change is increased owing to the functions of the body being so closely linked together that there is not one of them which can be called primary upon which when it fails may be laid the blame of initiating the decay of all the others.

These terminal phenomena cannot be recognized too soon. It is when man is becoming senile and not when he is already senile that the physician has it in his power to protect him. He should be studied

before the organic changes with their dependent troubles have constituted a definite and incurable senility. Perturbative medicines and heroic treatment can do no good and may do much harm. If we are to be of any use we must put ourselves in nature's place and work as nature works. Here or there we discover some trifling failure which threatens serious disaster ere long but suitable remedies timely applied and long persevered in may enable us to divert this disaster, and by the slow accumulation of petty advantages change the commencement of decay into the renewal of strength. In this way we shall more certainly prolong life and secure comfort in existence. By watching the arterial system its relations to the heart and other organs we are often able to successfully oppose the beginning of evil. We may not seem to accomplish much but we are at least able to lessen those side issues which so often brings life to a premature termination.

The senile die more commonly from accident or disease than from decay. Because those physiological senile changes which appear with years lessens the power of resistance to the dangers of acute diseases.

In old age the organism often remains impassible in the face of the greatest changes, and the physician ought to be doubly attentive to and appreciative of the slightest symptoms unless he wishes to be surprised by completely unforseen occurrences.

Disease in the aged is usually accompanied by very little general reaction. With all febrile affections there is fever but as a rule it is not so high as in the adult. Surface thermometry may not detect it and on this account the rectum should be used for ascertaining the temperature. The febrile pulse also varies according to age. It is as a rule less rapid in the old than we are accustomed to find it in the adult under the same conditions. The internal temperature may be quite elevated even with a pulse of only eighty to the minute. Thus it is that pneumonia is such a deceptive disease. It commences very insidiously and usually runs a latent course. The pulse is here a very unreliable sign. It is rare to find any increase when the pneumonia begins.

The number of respirations has not a definite prognostic value in senile febrile conditions. With the least rise of temperature the respirations increase above thirty, and that even when the thoracic cavity is not implicated.

In all acute diseases particular attention should be paid to the urinary functions. The aged are very prone to urinary intoxication. A very slight indisposition may be the starting of a fatal uræmia.

Nervous reactions are diminished in the old. This accounts for the want of tone in the febrile reactions. Pain does not seem to be so acutely felt, for in diseases in which pain is a prominent symptom, it is less evident.

We must keep in mind that the normal old man is not a patient. He has all the functions of the adult only being diminished in degree. The functions are identical and their activity only is lessened. We may impress upon him that "temperance—moderation in all things—is the true secret for preserving a mens sana in corpore sano, and if it be not a certain passport to longevity, it at least enables him to live healthily as long as he may." Medicines have their place undoubtedly, but attention should be paid to the little things of eating, drinking and doing.

This short article is made up of notes taken from the latest authorities on senility. In the endeavor to make it concise much of necessity has been left out at the risk of the continuity and clearness of the subject.

Wyeth's

Elixir Uterine Sedative Specific.

Viburnum Opulus (Cramp Bark), Piscidia Erythrina (Jamaica Dogwood) Hydrastis Canadensis (Golden Seal), Pulsatilla (Anemone Pulsatilla).

The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

In the new preparation of Viburnum now submitted to the profession, the unquestionable utility of this agent is greatly enhanced by the addition of remedies possessed of analogous powers. Not only is the value of Viburnum thus promoted in the special field of its therapeutical activities but a more extended range of powers is thereby secured. In other words, our new preparation possesses all the virtues of Viburnum, and in addition, all of the therapeutic properties of Hydrastis, Pulsatilla, and Piscidia.

Each fluid ounce, of this Elixir contains forty grains Viburnum Opulus (Cramp Bark) thirty grains Hydrastis Canadensis (Golden Seal), twenty grain Piscidia Erythrina (Jamaica Dogwood), ten grains Anemone Pulsatilla (Pulsatilla).

DIRECTIONS. — The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessertspoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgia or congestion, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in metrorrhagia etc., it should be given frequently combined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe, symptoms acute, the above dose, a dessertspoonful, may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physician.

Samples for experimental purposes sent free to any practicing Physician on application.

DAVIS & LAWRENCE Co., Limited

MONTREAL.

SOLE AGENTS FOR CANADA.

SYR. HYPOPHOS. Co., FELLOWS,

IT CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime ;

The Oxidizing Elements—Iron and Manganese ;

The Tonics—Quinine and Strychnine ;

And the Vitalizing Constituent—Phosphorus ; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations ; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt ; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles : the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

WHOLESALE AGENTS.

Clinical Report.

EYES ENUCLEATED

By David Webster, M. D., New York

Case 1.—Enucleation for rupture of the globe from a kick.

Henry K., aet. 57, was kicked in the left eye by a man on Aug. 1, 1888, producing a wound of the eyelid and a rupture of the globe in the supero-nasal portion of the ciliary region. He was first taken to Bellevue Hospital, but came to my clinic at the Manhattan Eye and Ear Hospital on Aug. 3rd. The eye was without perception of light. Under atropine and iced cloths the rupture healed with a depressed cicatrix, and there was rapidly progressing atrophy of the eyeball. On Aug. 24th, a little more than three weeks after the injury, after consultation with my colleagues, I put the patient under ether and enucleated the eye. The socket healed kindly, and the patient was discharged on Aug. 27th. The reasons for enucleation in this case are obvious. The eye was useless, and the scar in the ciliary region would have been a perpetual menace to the sight of the other eye.

Case 2.—Enucleation for sympathetic irritation.

John H., aet. 33, presented himself at my clinic, on Oct. 24, 1887, saying that while at work one of his fellow workmen had thrown a ten penny nail at another, and that it had missed its mark and struck him in the left eye. Upon inspection we found the upper eyelid very much swollen, and some chemosis above the cornea. We admitted him to a bed in the hospital, and applied iced cloths and atropine to the eye. The next day the swelling of the upper lid had increased, and there was more chemosis above the cornea, but none below. The following day the swelling began to decrease, and by the fourth day (Oct. 28th) he was able to open his eye. On Oct. 30 the swelling of the eyelid having disappeared, it could be seen that there was a wound of the upper ciliary region. As there was some bulging at the site of this wound a pressure bandage was applied. On Oct. 31st, as the vision was reduced to perception of light in a very limited field, and as the situation of the wound rendered the eye liable to cause sympathetic trouble in the fellow eye, enucleation was suggested, but Dr. Agnew advised keeping the patient under observation for a while longer. On Nov. 12th two leeches were applied to the temple, and the patient was put upon a course of pilocarpine sweats. On Nov. 27th the inflammation had nearly disappeared. The vision of the right eye was 20/10, and of the left 0. The patient

was discharged with instructions to report regularly at the clinic, in order that if sympathetic trouble should supervene its earliest symptoms might be recognized. Eight days later (Dec. 5th), he came to the clinic complaining of pain in and above the blind eye, and of intolerance of light in the other. The blind eye was tender on pressure over the region of the ciliary cicatrix. He was readmitted to the hospital, put under ether, and the eye enucleated. The excised eyeball was examined on the spot. On making an incision into the globe a thick, back, bloody fluid escaped: on extending the incision the fluid appeared thin and amber colored. What remained of the vitreous was still further disorganized, consisting of a mass of bloody lymph and pus. Near the optic disk was found a dense cicatrix, involving the vitreous, retina, choroid and sclera, in which mass it was suspected a foreign body might be embedded, but none was found. On Dec. 14th the patient was discharged, with the socket ready for an artificial eye, and without any remaining symptoms of sympathetic irritation of the fellow eye. The nail had probably transfixed the eyeball, thus wounding its posterior wall.

Case 3.—Enucleation for sympathetic irritation.

On Oct. 26th, 1887, Annie, S., aet 7, was brought to the Manhattan Eye and Ear Hospital by her mother, who said that when she was three years old she ran a blade of a pair of scissors into her left eye. She was treated for the injury at a hospital, and recovered with a blind eye, which, however, gave her no especial trouble until within the last few months. For some time the eye has been more or less painful, and she had to be taken out of school because the other eye was so irritated that she could not use it. Upon inspection we found the blind eye slightly reddened and sensitive on pressure. It was also slightly atrophic. The other eye retained perfect vision, but was lachrymose, irritable, and sensitive to light. The child had the typical scowl of sympathetic irritation. Upon explaining the danger of sympathetic inflammation of the other eye to the child's mother she readily consented to the enucleation of the offending eye. The child was placed under ether and the eye excised without delay. Numerous adhesions had taken place, and the tissues adjacent to the sclera had to be slowly and carefully dissected away almost all the way back to the optic nerve. The healing was rapid, and the symptoms of sympathetic irritation of the well eye quickly disappeared. It is still an open question whether sympathetic irritation is or is not a forerunner of sympathetic inflammation, but let that be as it will the writer believes that a blind eye which causes

sympathetic irritation should always be removed. It should be enucleated in order to enable the patient to use the other eye with comfort if for no other reason.

CASE 4.—Enucleation for bullous keratitis and its complications.

David L., æt 57, came to my clinic at the Manhattan Eye and Ear Hospital, on July 26th 1888. He said that something had been growing over the sight of his left eye for about a year and that the eye was growing more and more irritable and painful. He had for some time been unable to distinguish objects with that eye, and recently the sight had been reduced to ability to tell light from dark. Moreover the sight of the left eye had been failing for several months and only the other day before he first came to the clinic it became suddenly totally blind. This attack passed off during the night and when we tested him we found his sight to be 3/200 in the right eye and faint perception of light in the left. Upon examining his eyes with the ophthalmoscope we discovered that he had incipient cataract of the right but this had not progressed sufficiently to account for his great impairment of vision. An inspection of the optic nerve showed the reason for this, as there was well marked incipient optic nerve atrophy. Ophthalmoscopic examination of the left eye was, of course, negative, on account of the opacity of the cornea. The cornea was not only opaque but its epithelium was raised up in the form of a water blister. We called it "pompholyx" of the cornea, or "bullous" keratitis. An incision was made in the lower part of this corneal blister and the water allowed to escape, and a bandage was applied. The patient was also put upon hypodermic injections of strychnia for his optic nerve atrophy. The left eye did not improve under treatment and inasmuch as it was sightless and irritable it was thought that it might be a source of sympathetic irritation to the fellow eye and that its removal was therefore advisable. On Sept. 23rd 1888, he was admitted to a bed in the hospital, ether was administered and the eye was enucleated. The hæmorrhage was unusually free and lasted several hours in spite of pressure bandages, etc. The patient was discharged on Sept. 27th four days after the enucleation. The vision of his right eye was not improved by the removal of the left, but the patient was relieved of a great deal of discomfort. It seems to me that as a rule, eyes that are blind beyond all question of restoration of useful vision and are at the same time red, irritable and painful, and likely to continue so indefinitely or for the rest of the patient's life, should be enucleated.

527 Madison Avenue.

Selected Article.

REPORT OF A CASE OF COLLES' FRACTURE WHICH LED TO A SUIT FOR MALPRACTICE AND PROLONGED LITIGATION.

By J. M. Conerty, M. D., Smith's Falls, Ont.

After a delay of somewhat more than two years I desire to report the following case, not because of any new ideas in the line of treatment but rather on account of a complication which led to unsatisfactory results and further to show how a surgeon in the faithful performance of his work may be called on to defend himself in a most unjust action.

On the 11th of September, 1896, I was summoned to the home of Mr. A—, whose boy, a strumous lad of about ten years, had fallen from a beech-nut tree. On examination I found a fracture of the lower end of the radius (right arm) and a bruised condition of the thenar eminence corresponding to a point marking the junction of the middle with the inner third of the outer head of the flexor brevis pollicis muscle, also some scratches which had been bleeding on the dorsal surface of the hand.

After administering an anæsthetic I washed the hand and arm in a bichloride solution, 1 to 2,000, and proceeded to reduce the fracture. The dressing used to retain the fragments in proper position was two splints, anterior and posterior, well padded, measuring about two and one-half inches in width and extending from near the elbow to the metacarpo-phalangeal articulation.

A pad consisting of a roll of bandage one inch in diameter wrapped in absorbent cotton was placed in the palm of the hand on which rested the distal end of the anterior splint and an antiseptic pledget of gauze was placed over the bruised area.

The splints were held in position (in the absence of adhesive plaster) by two "ties" of bandage placed one at the wrist and the other near the elbow. A bandage was then applied over the splints and the arm placed in a sling. Directions were given to keep the boy at rest and the hand elevated.

I saw the boy on September 12th and 17th, and found everything satisfactory. The boy did not complain. He was playing about two days after the accident. I did not see the boy again until October 4th, when

I called at his home. On this date I removed the splints and found the dressings and hand in a very dirty condition. So far as the bone was concerned, I found union good with no deformity. After bathing the hand in tepid water I discovered an indurated patch of skin over the seat of bruise which was showing signs of separation from the healthy tissue. I considered it the remains of the bruised tissue which nature had not been able to take care of. It was superficial. Before going I dressed the hand antiseptically.

Three days after, on Oct. 7th, I again called and on examining the hand found signs of separation of this patch more marked. Again dressed it as on previous day, giving instructions to have the boy brought to my office next day to have his hand dressed.

He did not come as directed and I afterwards concluded that his hand was all right. On Nov. 14th, Mrs. A—, who was about to be confined, called to consult me regarding her condition. On leaving my office she mentioned that the "sore" on the boy's hand had not healed yet. I reminded her of my instructions to bring the boy to my office to have his hand dressed and told her to have the boy brought to my office at once.

On Nov. 16th Mrs. A— brought the boy and on removing a dirty rag which served as a bandage I found a deep sloughing sore the size of a twenty-five cent piece. The indurated patch of skin referred to before was still hanging to the surface of the sore by some fibrous shreds.

The wound had become infected with pus germs which had burrowed deeply. The thumb was held in an adducted and semi-flexed position in order to relieve any tension on the ulcerating surface.

On inquiring why the boy had not been brought to me as I had directed, Mrs. A— replied that she thought that the hand would heal all right. She tried everything on it to heal it. Spoke of some salve she had obtained from a neighbour woman the healing properties of which were unsurpassed, and concluded by saying that "she didn't know what kind of a young one he was for if he got the slightest scratch it seemed never to heal."

On this occasion I got the sore cleaned up as well as possible and had a proper dressing and instructed the boy to come to my office every day until his hand was all right. He came irregularly and it was almost the middle of December before the sore had completely healed.

As there was loss of integument and subcutaneous tissue there was contraction in the process of healing which was most marked by the

position in which the boy held his thumb—hence we had a slight deformity consisting of an adduction of the first metacarpal bone causing the thumb to be drawn toward the median line to such an extent that it interfered with the complete flexure of the index finger.

Owing to the youth of the patient and being deterred from doing a plastic operation owing to the unsanitary and septic conditions existing in the boy's home, I determined to try massage, promising good results if I had the co-operation of the boy and his parents. I encouraged the boy to come to my office every day for treatment and I explained to his parents how to rub and manipulate the boy's thumb in order to restore its position.

The boy came five times during the month of January. After this I did not see anything of him until the first of June when he appeared accompanied by his father, who for six month's previous had been threatening to bring an action against me for malpractice and boastfully claiming that he would get $5000.00 if he did so.

On this occasion I charged the father and son with neglect and pointed out to them where my directions had not been followed. I informed the father that I had not seen the boy for more than three months. The only excuse elicted from Mr. A— for his negligence in not executing my orders was that he thought the treatment I was giving the boy was not doing any good. He further stated that he had consulted other doctors who said that "the hand would have to be split up."

I discouraged any operative procedure at this time and told Mr. A— that I would not operate without giving massage a fair trial; that massage properly and persistently applied would in my opinion restore the functions of the thumb.

After again showing him how I wanted the hand treated, I requested Mr. A—to so treat it for ten minutes every night and to advise the boy's mother to do likewise every forenoon. The boy was also to come to my office every afternoon at five o'clock. He came only four or five times when I again lost all trace of him and have not had an opportunity to do anything for him since.

In answer to enquiries as to home treatment the boy told me that his mother had not had time to treat his hand and he was always in bed when his father came in at night, consequently there was no home treatment.

During this latter treatment I procured a plaster cast of another boy's hand, and after padding it carefully, would place the patient's hand in the cast with the thumb in an extended position. The hand was kept in the cast by a bandage, this I afterwards learned was taken off as soon as the boy would go home.

On the 5th day of January, 1898, I received a letter from Mr. A—'s solicitors asking for damages for alleged malpractice and threatening that unless they heard from me a writ would be issued within a week's time. The latter also stated that Mr. A— would consider any offer of settlement. There was no offer of settlement consequently, at the expiration of a week the promised writ was issued asking for $6000 damages.

The case came down for trial at the Spring Assizes in Perth. But owing to the inability of the plaintiffs to secure medical testimony, they asked for a postponement. We thought the case would end here, but during the summer the counsel for the plaintiffs succeeded in securing the services of other medical men to give evidence on their behalf.

Consequently at the Fall Assizes the case went to trial and after a fight lasting two days we succeeded in getting a non-suit with judgment for costs.

The plaintiffs at once appealed to the Divisional Court asking for a new trial on the grounds that "on the evidence the case should not be taken from the jury."

After waiting almost a year the Divisional Court, I am sorry to say, gave judgment against me, ordering a new trial and saddling all the costs on me. Mr. E. B. Osler my counsel at once appealed from this judgment of the Divisional Court to the Court of Appeal, where the case now stands for argument. We expect a decision from this Court before the end of the year as the case is on the list for argument during the present session, and let us hope the decision may be favorable.

Notes.—The contention of the plaintiffs is that the sore on the boy's arm was produced by a splint.

We know the cause as stated, the fall, causing devitalization of tissue and subsequently, infection and further, we declare that owing to the location of the "sore" it is impossible to produce such by means of a splint.

The deformity which is slight, is due to cicatricial contraction rather than to any peculiar art in bandaging as alleged by the plaintiffs. There would never have been any contraction had there not been

neglect on the part of the plaintiffs (from Oct. 7 to Nov. 16) allowing the sore to become deeply infected by pus organisms, with consequent loss of tissue.

The plaintiff is a worthless fellow who at the time he began the action was under an order of commitment to jail for debt. No matter therefore, how successful we may be in defending, we must pay the costs of defence.

Just a word about settlement.—During the first days of the proceedings we offered (rather than spend money in litigation) to take the boy and place him in a hospital, public or private, and operate on his hand, or otherwise treat it in order to restore its usefulness, provided we could have absolute control of him while under treatment. They would not accept this unless we gave them a guarantee. We of course, could not guarantee anything.

I presume at this time $200 would have settled the case but I considered that such a course would not only be unjust to the profession, but particularly so to myself.

While it would have been much better for me financially to have settled, yet in doing so, I would only be encouraging a class of unprincipled and irresponsible fellows who are after plunder rather than the benefit of our earnest efforts in their behalf.

It is true, and I have experienced the force of it, that when confronted by all the annoyance of protracted litigation, the enormous expense, which so many of us can ill afford, besides the injury to our professional standing, etc., the first suggestion which is apt to come, is to get the matter settled as quickly and consequently with as little publicity as possible. And we ask the question, would it not be better to pay something at once and get out of the difficulty? My answer is no! A thousand times no! so long as we feel that we have done our duty and are therefore morally not responsible.

It is the duty and ought to be the desire of each member of the profession to suppress by every possible means all such actions which are so fraught with injustice, not only to the individual, but also to the profession as a whole.

Just so soon as a certain class of the public and those who advocate their claims in court, understand that we do not listen to their "bluff." That they in order to gain anything must fight every inch of the ground against a united profession, then, and not until then, will the members of our profession be relieved largely if, not entirely, of the most painful annoyance, as well as to many of us a severe financial loss.—*Montreal Medical Journal.*

RETROSPECT DEPARTMENT.

Surgery.

UNDER THE CHARGE OF
MURRAY MACLAREN, M. D., M. R. C. S., St. John, N. B.
JOHN STEWART, M. B., C. M., Halifax.

ON THE CONSERVATIVE TREATMENT OF TUBERCULAR JOINTS AND COLD ABSCESSES AS PRACTISED BY MIKULICZ OF BRESLAU.

(C. W. CATHCART in *Scottish Medical and Surgical Journal*, March, 1899.) Cathcart points out that as Professor Mikulicz is one of the most brilliant and successful operators in Europe his preference for non-operative measures may be taken as strong proof of his confidence in them.

Mikulicz has been an advocate of the iodoform method in tuberculous affections since 1882 and since 1893 the treatment by passive venous congestion introduced by Bier of Kiel has been employed also in his clinic at Breslau.

The following is a summing up of the application of these methods:

"In parts of the limbs where the venous congestion is applicable, *i. e.*, below the hip or shoulder, Bier's bandage is applied together with fixation or attempted improvement of the position of the joint.

"The limb is first bandaged firmly to within a few inches of the joint. Above the affected joint a rubber tube or bandage is then wound sufficiently tightly to produce a distinct bluish-red discoloration of the skin of the unsupported parts below.

In some patients the full amount of congestion can be easily borne from the first, in others it must be begun gradually and increased as the patient gets used to it. The congestion may be maintained from fourteen to eighteen hours out of the twenty four, and the remaining time may be employed to get rid of the oedema by the use of elastic pressure applied over the joint itself. As the condition improves, the length of time during which the congestion is kept up may be [illegible] by

degrees. To prevent ill effects from the pressure of the elastic bandage, its position should be frequently altered and an ordinary bandage should be applied between the skin and the rubber." After this treatment has been continued for from eight to fourteen days, the treatment by injection of iodoform is begun. The preparation used is a ten per cent. emulsion of iodoform in glycerine. It is not considered necessary to sterilize the emulsion. Iodoform outside of the body is practically an inert powder, and glycerine is itself a strong antiseptic capable of destroying all known pyogenic organisms. But although iodoform is practically inert outside the body, it has a distinct effect on the tubercle bacilli when injected into an abscess or other tuberculous focus, while at the same time it causes an increased development of connective tissue.

For puncture and injection of abscesses a medium sized trochar is used, which fits tightly on the point of a syringe.

The quantity of the fluid injected depends on circumstances. For parenchymatous injection into the substance of pulpy synovial membranes, from one dram in young children to an ounce or more in adults may be used, but it is better to begin with small doses and watch the results. "For cold abscesses larger quantities may be employed, because the absorption from the abscess walls, which are protected by granulations, is much less than from fresh surfaces." Three or four ounces may be used in large abscesses in adults, and proportionately less in children. But if the granulation wall has been scraped away, as in Billroth's method, a much smaller quantity must be used.

Anæsthesia is unnecessary, except perhaps occasionally in children. Injections are made at intervals of a week or a fortnight; the interval is "regulated by the amount of reaction, which should always have completely subsided before the next injection is undertaken."

In the cases of abscess or of hydrarthrosis the fluid distention is increased by the injection for the first two or three days. "After that it gradually subsides, and in favourable cases disappears in from four to six weeks. The abscess becomes a scar, and instead of the hydrops there is a thickening round the joint with more or less disturbance of its function. The final disappearance of the fluid may be hastened sometimes by the pressure of an elastic bandage. A second puncture may be made at the end of from four to six weeks, but if the fluid found in the cavity then contains iodoform a further addition of the drug is not necessary. Many abscesses are cured by a single injection, seldom does it need to be repeated more than once. Where an abscess complicates pulpy degener-

ation the two forms of treatment are combined . . . the abscess is injected at long intervals and the synovial thickening receives parenchymatous injection at shorter intervals."

Cases of sinus and of fistula are frequently difficult. It is often impossible to scrape out the whole fistulous tract. In such cases "a conical nozzle is pushed into the fistulous opening . . . the fluid is then forced firmly along the sinus and is retained under pressure by the finger or a plug of gauze for about ten minutes after the nozzle is withdrawn. After that a plug of gauze is fixed over the opening with sticking plaster and compression is maintained with an elastic bandage for several hours. Such injections may be repeated twice or thrice a week, depending on the amount of reaction. . . . Psoas abscesses are punctured as soon as they come sufficiently near the surface to allow of their being reached without fear of passing through the peritoneum." For emptying and injecting an abscess an oblique puncture is best, and if the skin over the abscess is thin and in danger of giving way, the needle should be introduced through the sound skin at a distance from the place of 'pointing' of the abscess.

Useful hints are given as to the best points for making the injections. In the case of pulpy swelling of synovial membrane, or tuberculous foci in bone, the only rule is to inject into the part which seems to be diseased but the cavities of the joints are reached from certain definite points. For the wrist joint the punctures are to be made just below the styloid processes of the radius and ulna. For the elbow, just over the head of the radius in front, and at the back also from the radial side, or the thickened capsule may be reached on either side of the olecranon. The shoulder-joint may be reached by working laterally from the coracoid process or from the junction of the spine of the scapula with the acromion. The ankle-joint is accessible from the apices of the malleoli. The needle is passed at first directly inwards, and then its point is turned up. The thickened capsule may also be felt on either side of the tendo Achillis. The tarsal bones and joints are entered from the dorsum or sides of the foot.

The knee joint is entered on either side of the patella or just above it. To enter the subcrural bursa the needle should be passed through the quadriceps tendon. "For the hip joint, either Krause's or Bruger's points may be used. The former directs the patient to be laid on his back and the thigh extended, adducted, and slightly rotated inwards, a long needle is then entered above the great trochanter at right angles to

the axis of the thigh, and is pushed in until it strikes the head of the femur or the neck just below the head; when guided upwards over the head it enters the joint. Bünger directs the injection to be made as follows:—From the place where the femoral artery crosses the ramus of the pubes a line is drawn to the tip of the trochanter, and the needle is entered at the point where this line crosses the inner border of the sartorius muscle. It is then carried directly back into the joint." The back of the joint can be reached from the posterior border of the great trochanter.

During the longer intervals of injection the patient may be sent to the country, or to some health resort. The venous congestion (Bier's bandage) is to be continued throughout the treatment. Operative measures should only be undertaken when these conservative methods have had a fair trial and are unsuccessful. "The experience in Professor Mikulicz's Clinique has been that the operations, since these conservative methods have been in use, have not only been much fewer, but also much less serious. . . . . The actual number of cures by its use is equal to that attained by the ordinary operative methods, while the functional results which it gives are decidedly better and the mortality is less. Only in adults, with a fixed patella, is primary excision preferred to the conservative measures which have just been indicated."

As to the dangers of this method there is not much to say. General reaction may be absent, or there may be nausea, fever, headache or faintness, 'Locally, nothing may be felt or there may be considerable swelling and pain." Both iodoform and glycerine are capable of producing toxic symptoms, but care in regulating the proper dosage will avoid such an accident.

METASTATIC PYÆMIA FROM TRIVIAL CAUSES.

(*Practitioner*, May 1899.)

This paper is an interesting account, with commentary of a case of pyæmia, the source of infection being apparently a boil on the back of the neck. The patient was an unusually robust man of sixty-five, who had never suffered from illness. The fatal illness began on Oct. 3rd. 1898, and the initial symptoms were those of a chill, with general malaise, and gastric catarrh. The possibility of enteric fever was also present, but renal symptoms soon set in, with retention of urine, which when withdrawn was found to contain a small amount of albumen and of sugar but no tube casts. Within a week, however, tube casts were

present also blood cells and the amount of urine was diminished suggesting an uræmic condition dependent on nephritis. On the eighth day of illness however, a new phenomenon appeared. "a soft boggy swelling painful to the touch and pitting on pressure, the skin over it being reddened and slightly mottled." This swelling was in the upper third of the right forearm. Next day there were also swelling, redness and tenderness of the left wrist and right shoulder and pleuritic friction was discovered. It was now evident there was a septic infection. About the same time an alteration in the character and rhythm of the heart sounds led to the conclusion that there was probably a "malignant" endocarditis. The patient died on the thirteenth day of the disease and the post mortem examination revealed numerous metastatic abscesses in lungs liver kidneys and prostate gland. There was a pleuritic patch in the left lung and peritonitis was beginning. The cardiac valves were free from vegetations and the valves sufficient to close their respective apertures.

The case is a good illustration of the extreme difficulty of diagnosis in such cases. At different periods in the course of the disease there were symptoms pointing to at least four different diseases, viz. enteric fever, chronic nephritis, pyæmia and ulcerative endocarditis. The painful condition of the joints might also have suggested rheumatism.

The contention of the authors is that the infection proceeded from a boil on the nape of the neck, from which the patient had suffered about a month before his fatal illness began. They refer to the classical experiment of Garre upon himself, in which he rubbed into the unbroken skin of his arm a pure cultivation of staphylococci and so produced a crop of boils, and they quote several cases of general infection resulting from apparently trivial sources. Thus, in Holmes' System of Surgery a case is given where fatal pyæmia resulted a few days after the incision of a boil on the back of the hand. Cases are on record of general infection arising after the extraction of a tooth, from an ulcer on the tongue, from whitlow, from tonsillar abscess, etc. They quote from a paper by Professor Leube of Erlangen, on the "Diagnosis of Spontaneous Septicopyæmia" (1878), in which he "emphasises very strongly the difficulty of the diagnosis of pyæmia occurring in cases unassociated with surgical operation, or puerperal states, or other obvious openings for the entrance of septic infection, and specifies particularly meningeal inflammation, acute rheumatism, miliary tuberculosis, typhoid fever, uræmia and

malignant endocarditis, as diseases from which it is difficult, and sometimes even impossible, to distinguish it."

Among their references to cases it is interesting to us to find a reference to a case reported in the MARITIME MEDICAL NEWS of 1891, by Dr. Richard Johnston, of Charlottetown, P. E. I., of so-called "Spontaneous Pyæmia" in which no source of infection was discovered.

COMPARISON OF THE MERITS OF SUPRAPUBIC AND PERINEAL CYSTOTOMY.

(*Annals of Surgery*, July, 1899.)

An address by N. P. Dandridge, of Cincinnatti, before the Philadelphia Academy of Surgery, led to an interesting discussion in which J. Wm. White, Keyes, Cabot and Pilcher took part. Considerable difference of opinion exists among these authorities as to the merits of the two methods in the various conditions in which an opening into the bladder is required; and the advantages and disadvantages of both operations are well discussed. Most were agreed that for calculus, litholapaxy is *the* operation.

But Pilcher, who made a very able defence of the suprapubic method, defends it even for calculus, from the standpoint of the general surgeon. He considers that special training and special opportunities are necessary for the skilful performance of litholapaxy, while he regards the suprapubic operation as a simple proceeding, and "the method of choice even in dealing with ordinary cases of stone in the bladder."

J S

WYETH'S

Elixir Phos. Iron, Quinine and Strychnia.

Each fluid drachm contains two grains of phosphate of iron, one grain of quinine, and one-twelfth grain of nux vomica in simple elixir, flavored with orange. Adult Dose, One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed good health. It is rendered palatable and efficient with the smallest amount possible of quinine and strychnine, excess of acid being avoided. A combination with cod liver oil, wine and iron is recommended, for the reason that nearly all patients suffering from nervous and "weakly" by the long continued employment of strychnine.

Please specify WYETH'S in prescribing.

WYETH'S

ELIXIR CENT. with TINCT. CHLOR. IRON.

Each dessertspoonful contains ten minims of the ethereal tincture chloride iron. Four grains of quinine sulphate will dissolve in an ounce of the elixir without an addition of any acid, the solution being beautifully clear. If a larger quantity be prescribed, the usual amount of acid per grain must be added. Dose.—Adults, one dessertspoonful; children, one-half to one teaspoonful.

The combination of gentian with iron in this form supplies a simple bitter with an active hæmatinic, free from the styptic taste of iron preparations in general. It can be taken in small doses, by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with quinine and alternated with arsenical preparations.

It is especially indicated to correct relaxed conditions of the gastro-intestinal tract, whether or not associated with anæmia.

Kindly designate WYETH'S in prescribing.

WYETH'S

Elixir of Phosphorus.

Each fluid drachm contains one hundredth grain of Free Phosphorus.

Wyeth & Brother's elixir of phosphorus is prepared with great care, and will prove efficient in the treatment of the limited number of cases in which this remedy is specially indicated. It will be found of service in all low conditions associated with profound depression of the nervous system, such as the later stages of pneumonia and influenza, and also in the hypostatic congestion occurring in typhoid fever and other protracted disorders. It is likewise well adapted to the treatment of certain neuralgias, paralyses, insomnia and impotence. The most satisfactory results follow its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

In addition to the elixir, Messrs. Wyeth & Bro. manufacture a number of pills containing phosphorus in combination with other medicaments, descriptive circulars of which will be sent to physicians on application.

DAVIS & LAWRENCE CO., LIMITED.
AGENTS, MONTREAL.

WYETH'S
ELIXIR TERPIN HYDRATE
— AND —
ELIXIR TERPIN HYDRATE with CODEINE.

"The Hydrate of the Diatonic Alcohol Terpin."

This new official is composed of a mixture of rectified oil of turpentine, alcohol and a lesser quantity of nitric acid. It is officially described as "colorless, lustrous, rhombic prisms, nearly odorless and having a slightly aromatic and somewhat bitter taste."

Terpin hydrate was first physiologically investigated by Lepine in 1885, who found it to act both upon the mucous membranes and nervous system in a manner similar to the oil of turpentine. It has since been used in chronic bronchitis, and in advanced stages of acute bronchitis, especially where the secretion is free, also in chronic cystitis and gonorrhœa.

Dose from 2 to 3 grains from four to six times per day.

Each fluid drachm contains one grain of terpin hydrate. At a temperature of 55 degrees or lower there may be a slight crystalline deposit which will redissolve when warmed but therapeutic value is not impaired.

Since the issue of our circular a few years ago, drawing the attention of the profession to the value of terpin hydrate as a therapeutic agent in the treatment of bronchitis, bronchial catarrh, asthma and like affections of the throat and respiratory organs the success of this preparation has reached far beyond the most sanguine hopes of its many supporters. We believe the unqualified statement of that distinguished authority Lepine, that "it is the best expectorant in existence" has been fully substantiated by those who have prescribed it.

We also prepare an elixir of terpin hydrate combined with codeine; each teaspoonful containing

Terpin Hydrate	2 grains
Codeine Sulphate	$\frac{1}{8}$ grain

This combination has proved to be most acceptable, embracing the expectorant and calmative properties of these two most valuable remedies. The experience of those who have already used this latter elixir has declared it to be eminently successful in allaying the distressing cough following influenza and other bronchial affections, without disturbing the stomach by creating nausea or loss of appetite; nor does it arrest the secretions, cause constipation, headache or other derangements.

JOHN WYETH & BROTHER,
Manufacturing Chemists,
PHILADELPHIA.

DAVIS & LAWRENCE CO., Limited, Montreal,
General Agents.

THE

MARITIME MEDICAL NEWS.

Vol. XII. FEBRUARY, 1900. No. 2.

Editorial.

A CONTINUATION FROM OUR LAST

MARRIED WOMEN!

If you are irregular or troubled with [illegible], write to MRS. MARION WILMOT, K. 81 Bridgeburg, Ont., and she will send you the [illegible] that [illegible] in three days. No pain. This remedy has brought happiness to hundreds of [illegible] women.

The above is not intended as an advertisement. It is a copy of an advertisement which has been running for some time in the columns of local papers, journals which claim to be respectable and which boast of large circulations. It is not the only objectionable advertisement which can be found in the columns of these papers, but we select it as a fair sample of a sundry assortment of vicious announcements which appear therein from day to day. The "cures" for lost manhood, gonorrhœa and syphilis have for long been freely and openly advertised, but it is only within a comparatively recent period that the abortifacients have been put forward in so unveiled a manner, and this advertisement is reproduced as text for a protest against so patent an effort to encourage vice, and at so flagrant a debasement of the vaunted power of the press.

It is unfortunately the case that, with a large proportion of the population even in this enlightened age, the most powerful incentives to virtue is the dread of one or both of two common sequels to inchastity —disgrace and disease. Society owes so much to this wholesome fear that it cannot afford to have it removed, and society, if for no higher motive than its own safeguard, should set its face determinedly against anything which threatens its removal. We therefore hopefully antici-

pate the support of those who constitute the ruling element in society in our protest against the great and growing iniquity of the prominent advertisement of the many concoctions which claim to remove the dreaded risks attendant upon imprudence.

Of course, it is not the "married women" in particular who will be attracted by such an advertisement as the one we copy. Doubtless, many "anxious women" would find "happiness" in deliverance from the prospect of a proper result of marriage, but such must surely form a decided minority of those women who have assumed the responsibilities of the married state. It is the single woman—the girl who has loved not wisely, but too well, who has everything to lose—who will be tempted to secure a happy issue out of her affliction by having recourse to such a party as Mrs. Marion Wilmot. And if a trial of the "formula" does "relieve," what is to be the future of the girl?

If there is ever to be a guarantee that virtue exists in woman; if there is ever to be a guarantee that health exists in man—this abominable fashion of our *fin-de-siecle* press giving prominent space to the advertisements of so-called remedies for the results of sexual imprudence must stop. Of course these preparations almost regularly fail in the effect which is expected of them, but that does not deter the "innocent" from tasting the forbidden fruit, and but adds to the enormity of the baseness of their vendors. It is high time that definite action was being taken towards the elimination of such advertisements from the columns of journals which even hint at respectability. For the sake of journalism itself we ask that advertisements of such a kind be ruled out. A firm stand taken by a fair sized body of newspaper subscribers and especially of advertising patrons would quickly lead to the desired result. Will this suggestion not be taken up and acted upon in such a way as to have a practical effect?

A WORD OF COMMENDATION.

We are pleased to note that the Provincial Boards of Health of both New Brunswick and Nova Scotia have taken steps towards providing protection against smallpox, a few cases of which have of late appeared in the former province. Possibly it may be because of the existence of the disease in our sister province that the New Brunswick Board has (judging from the meagre press reports which have come to our notice) undertaken to deal in a much more radical fashion with the problem of

vaccination than has the Nova Scotia Board. The circular of Dr. A. P. Reid, the enthusiastic Secretary of the Nova Scotia Board is before us, and while we have no doubt that it will have the effect of awakening an interest in the question of preventive measures, we would feel better satisfied were it more in the nature of command and not purely advisory in character. Still it is gratifying to know that the Board has not permitted the near approach of the dread infection to escape notice, and we may feel reasonably sure that it is ready to grapple with the problem in a more determined manner should actual need arise. We therefore hail with satisfaction the evidences of vitality manifested by both Boards and venture to assure each Board of the hearty support of the profession in any matter which may be undertaken to offering a reasonable security against the spread of smallpox.

In this connection we desire also to express appreciation of a recent action of the City Board of Health of Halifax. Dr. N. E. MacKay, the chairman of the Board, has issued a short, but plain and succinct circular upon the infectiousness of tuberculosis, its treatment, and the means necessary to prevent its spread. This circular will undoubtedly be widely read and cannot fail to accomplish a great deal of good.

The News is in hearty accord with all measures looking towards the control of tuberculosis, and is persuaded that a "Campaign of Education" is most essential. We therefore congratulate Dr. MacKay and the City Board of Health upon the publication of this document, and we trust that it may very successfully fulfil the mission for which it is intended.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. J. H. Scammell, President, in the chair.

Nov. 29th. 1899.—A paper on "Senility" was read by Dr. Stewart Skinner. Old age was considered from various aspects, its causes, its important features and modes of prolongation and treatment. The paper pointed out that the normal old man is not a patient, all the functions of the adult exist in him—only in a diminished degree—their activity is lessened and he must have impressed upon him that temperance, moderation in all things is the true secret of his health. (Published on page 41 of this issue.)

Pathological specimens.

Two vermiform appendices were shown by Dr. Murray MacLaren, one very long and completely gangrenous.

Dec. 6th.—Dr. Roberts read a paper entitled "Displacements of the Uterus with special Reference to Retroflexion." The paper which will appear in next issue of the News, deals with the pathology, etiology, prognosis and treatment. A general discussion followed.

Dec. 13th.—Dr. Mott read a paper on "The Abortive Treatment of Syphilis." The primary or incubation period is regarded by some as the interval between the infecting coitus and the appearance of the chancre, varying from two to four weeks. The virus during this time is claimed by some authorities to be localized to the initial lesion. Quoting on the incubation period "a morbid focus is developed and at its periphery a cell-wall is formed which acts as a temporary barrier or blockade. In due time (that is while the virus is maturing) the cell-wall melts away or disappears, and then the virus is carried into the surrounding part by the lymphatics and blood-vessels and by contiguous tissue infection." If this mode of infection be cured, then it favors the view that syphilis can be aborted. This should be accomplished by careful excision of the chancre with a portion of the surrounding tissue. Hypodermic injections of germicidal solutions and the introduction of weak solutions of nitrate of silver into the tissue have also been practised with, in some instances, the non-appearance of secondary symptoms and the absence of hereditary taint, but in the majority of cases, secondaries supervene.

The view that from the first the infection is general was next referred to and if this be so local removal or injection would be of no use in aborting the disease. But in the majority of cases it is possible by the judicious application of appropriate remedies to wholly and permanently cure the disease, and if these measures are adopted in the incubation period we can successfully neutralize the virus, abort the disease and prevent the appearance of constitutional sequelæ. When a characteristic sore is formed, local measures are adopted, liquid carbolic acid being one of the best, and constitutional remedies immediately begun. These abortive measures are only applicable when the disease is seen early before the lymphatics show involvement.

In the discussion which followed the opinion of the members was divided as to when internal treatment should be begun, it being advocated by some that internal medication should follow immediately on detection of the sore; by others it was held that time should elapse to give secondary symptoms an opportunity to develop and so confirm the diagnosis.

Dec. 20th. "Hygiene for school children" was the subject of a paper read by Dr Clara Olding. The paper which is published in this issue deals with the defects of the public school system such as cramming, excessive hours of study, want of physical training and many other points.

In the discussion which followed, Dr. Maclaren referred to the importance of physical training for school children.

Drs Berryman, Matt and Christie discussed the hygienic conditions of schools, and considered that ventilation was very defective in the public schools.

Dr. Melvin thought there were not too many subjects taught, nor was there cramming in the schools. A number of subjects was more of a rest to the mind than otherwise.

Dr. Wetmore was also of the same opinion.

Dr. J. Walker said that children went to school at too early an age, eight years of age was quite soon enough. The school buildings of St. John are badly ventilated.

Book Reviews.

CHRISTIAN SCIENCE.—An exposition of Mrs. Eddy's Wonderful Discovery, including its Legal Aspects. A plea for Children and other Helpless Sick, by WILLIAM A. PURRINGTON, Lecturer in the University and Bellevue Medical College, and in the New York College of Dentistry upon Law in Relation to Medical Practice, one of the authors of "A System of Legal Medicine." Published by E. B. Treat & Co., 241-243 West 23rd Street, New York.

This book is a timely one, and expresses so well the views of the medical profession by one who is not a member of the profession, that it forms a particularly strong argument against one of the most infamous impositions of our day. The author discusses the whole question in a dispassionate manner, and allows quotations from Mrs. Eddy's book or from her disciples to throw the ridicule upon her "system" which it so richly deserves. Mr. Purrington has assumed an attitude of uncompromising opposition to Mrs. Eddy and her sect, as evidenced in his various contributions to journals and societies, and in his challenges to Mr. Carol Norton, the foremost apostle of Mrs. Eddy, who disposes of Mr. Purrington's more pointed and embarrassing questions by "preferring to shelve them." He should consequently have the sympathy of the medical profession in his endeavour to present to the public a properly illuminated view of the ridiculous pretensions of the so-called Christian scientists.

Mr. Purrington writes well, and his familiarity with the law makes his book not only interesting but valuable on account of the information it contains. It is a strong plea for proper legal control of medical practice in general, and for the suppression not of Christian science alone but of other scarcely less heinous impositions as well.

One of Mr. Purrington's quotations from Mrs. Eddy, which we cannot refrain from reproducing, is this:—"*Christian science demonstrates that the patient who pays whatever he is able to pay for being healed, is more apt to recover than he who withholds a slight equivalent for health.*" Is comment needed?

FEBRUARY LADIES' HOME JOURNAL.—Slumming as a fad is dangerous and unprofitable, decides Mrs. Ballington Booth after a long experience in battling with poverty and vice in the slums of the great cities, which is summarized in an interesting article in the February

Ladies Home Journal. In the same magazine an American Mother writes on "Have Women Robbed Men of Their Religion?" and Ian MacLaren on "The Few and The Man in It." Franklin Fyles's article is on "The First Night of a Play." Mrs Burton Kingsland's on "The Correct Wedding of To-day" and Herbert Putnam Librarian of Congress, describes "What it Means to be a Librarian." "The Parson's Butterfly," a serial by a new novelist is begun in the February Journal and "Edith and I in Paris," "The Autobiography of a Girl" and "Her Boston Experiences" are continued. "Frank Stockton's New Home in West Virginia" is described and pictured and a close personal view is given of "The Idol of the Girls"—Miss Chaminade composer and pianist. "Mrs. Dooley's" author transforms Molly Donahue into a voter, but she does not get her vote counted. There are lively scenes on Archey Road at election time. The domestic features of the February Journal are numerous, varied and helpful, and the pictorial features are exceptionally interesting. By The Curtis Publishing Company Philadelphia. One dollar a year, ten cents a copy.

THE COMING AGE.—Mrs C. K. Reifsnider is doing some fine work in *The Coming Age*. Her romance of life and love, entitled "Two Hearts for One," which opened in the January number, is continued in the February issue and grows in interest. It promises to be an unusually strong novel of American life. In the current issue she opens a discussion of "Rational Dress for Women" which is richly worth the reading. Mrs. Reifsnider is no advocate of masculine apparel for women. Far from it. But she pleads for grace, art, comfort and utility in woman's dress. Her paper is eminently practical and is addressed at once to the rationality and the love of beauty so strong in woman's nature. Another feature of popular interest in the magazine which is under the editorial management of Mrs. Reifsnider is the department of Authentic Dreams and Visions, where from month to month are recorded strange and weird happenings, the verity of which has been carefully confirmed before the matter has been accepted for publication, thus giving a value to these phenomena which would not be present if published without having first gone through a careful sifting process. *The Coming Age* grows in interest, and the February issue is one of the most delightful and instructive numbers which has yet appeared.

A NEW NEWSPAPER DIRECTORY FOR 1900.—We have received from the publishers, The Central Press Agency, of Toronto, a copy of their Directory of Canadian Newspapers for 1900. This is the first issue of

such a directory by the Company referred to, and it is very creditable to their diligence and enterprise. The obtaining of information for such a work means a lot of energy and patience, and the book. carefully compiled as it appears to be, cannot fail to be a most useful work of reference to advertisers and all who wish to obtain information respecting the publications of Canada and Newfoundland. In addition to detailed descriptions of all periodicals and the places where issued, there are lists by counties, classified lists under all heads, etc., besides summary of the postage law, customs rates on printers material and other useful information. The book is well arranged and printed and does credit to the publishers.

PAMPHLETS RECEIVED.

THE TUBERCULIN TEST, AND THE NEED OF A MORE COMPLETE DIAGNOSIS OF TUBERCULOSIS.—By Charles Denison, A. M., M. D., Denver. Reprinted from the *Journal of the American Medical Association.*

THE CLIMATE OF COLORADO FOR RESPIRATORY DISEASES.—By Charles Denison, A. M., M. D., Denver. Reprinted from the *Journal of the American Medical Association.*

ENUCLEATIONS OF THE EYE.—By David Webster, M. D., New York. Reprinted from the *New York Medical Journal.*

LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patients who can carry but a small quantity in the pocket, and so be enabled to take it at regularly prescribed periods without trouble.

[redacted]

Can be ordered through any Druggist. **Samples free to Medical Men.**

NEW YORK PHARMACAL ASSOCIATION,

[redacted]

Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonises with Creosote.

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—**One to two tablespoonfuls from three to six times a day.**

THE ARLINGTON CHEMICAL COMPANY,

[redacted] TORONTO.

"BOROLYPTOL"

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion wherever and wherever A CLEANSING AND SWEETENING wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION AS A VAGINAL DOUCHE.
AS A NASAL DOUCHE AS A MOUTH WASH
AS A FRAGRANT DENTIFRICE.

Samples sent on application.

The Palsade Manufacturing Co.,

88 WELLINGTON STREET West, TORONTO.

To the Medical Profession:

ABBEY'S EFFERVESCENT SALT is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

This prescription is said by some to be incompatible, it being claimed that iodine is liberated from the iodoform and converting the calomel into mercuric iodide. I take exception to this statement and affirm that this combination is quite compatible. Iodoform liberates iodine only when exposed to direct sunlight, and when such powders are prescribed they are not generally set in the sun. I have prescribed this combination hundreds of times without ever noticing mercuric iodide. As a rule the powder is used up in a few days.

No. 5.—Hydrarg. chlor. mitis 3ij
Hydrogenii peroxidi 3j

S. Apply externally three times a day.

The statement is generally made that hydrogen peroxide oxidizes or otherwise changes mercurous into mercuric salts. This may be true of *soluble* mercurous salts such as mercurous nitrate, did not investigate that subject as the only mercurous salt used in medicine is an insoluble one, but it must be accepted with great reservation as regards calomel. I shook calomel with hydrogen peroxide for many hours and failed to detect any mercuric chloride. This assertion must therefore be based upon the following careless observation. When hydrogen peroxide is kept in contact with calomel and filtered, the filtrate will give quite an abundant precipitate with silver-nitrate solution, a precipitate soluble in ammonia water and reprecipitated by nitric acid. This shows the presence of a soluble chloride in the filtrate, beyond all doubt. On further investigation we discover that even before being shaken with calomel, the peroxide gives a white precipitate of silver chloride because the commercial article always contains soluble chlorides. On testing the filtrate with KOH, H_2S, or copper, or any other delicate test for mercury, none is discoverable. It is possible that on very prolonged contact some bichloride may be formed, but then the decomposition may be due to other causes, such as light, etc.

No. 6.—Hydrogenii peroxidi 3ij
Sol. hydrarg. bichloridi 1:1000 ..... 3iv

S. Apply externally with cotton swab.

This prescription is all right. I have tested this solution both therapeutically, on patients, and chemically. The antiseptic effect was not in any way diminished, and chemical tests failed to discover any change either in the peroxide or in the corrosive sublimate.

No. 7.—Hydrogenii dioxidi 3ij
Kali hypermanganici ..... grs. xxx
Aquæ destill. 3v

Peroxide of hydrogen is an antiseptic, and so is potassium permanganate. In order to get a doubly strong effect, the unwary physician combines both in one mixture with the result of destroying both antiseptics. Hydrogen dioxide and potassium permanganate are absolutely incompatible. The solution of potassium permanganate is decolorized by the peroxide, with the formation of a precipitate of manganese dioxide and potassium manganate. The chemical reaction may be represented by the following equation :

$$\underset{\text{Potass. Permangan.}}{2KMnO_4} + \underset{\text{Hydrogen Dioxide}}{2H_2O_2} = \underset{\text{Potassium Manganate}}{K_2MnO_4}$$
$$\underset{\text{Mangan. Dioxide}}{MnO_2} + \underset{\text{Water}}{2H_2O} + \underset{\text{Oxygen}}{2O_2}$$

No. 8.—Potass. permang ..... ℥ss
Ferri sulphatis ..... ℥j
Ac. sulph. dil ..... ℥j
Magnes. sulphat ..... ℥ij
Syr. zingiberis ..... ℥ij
Aquæ ..... q. s. ad ℥viij
S. : ℥ss t. i. d.

This combination minus the potassium permanganate is the favorite prescription of a very well-known gynecologist of New York City in many female ailments. The above was written by a young practitioner, who thought he would improve it by adding the salt which is reputed to be so useful in amenorrhea. The permanganate is decomposed while the ferrous salt is converted into the irritant and astringent ferric sulphate, thus :

$$\underset{\text{Potass. Permang.}}{2KMnO_4} + \underset{\text{Ferrous Sulphate}}{10FeSO_4} + \underset{\text{Sulphuric Acid}}{8H_2SO_4} =$$
$$\underset{\text{Manganous Sulphate}}{2MnSO_4} + \underset{\text{Ferric Sulphate}}{5Fe_2(SO_4)_3} + \underset{\text{Potass. Sulphate}}{K_2SO_4} + \underset{\text{Water}}{8H_2O}$$

No. 9 —Potass. permang ..... ℥ss
Ac. salicylic ..... ℥j
Aquæ ..... Oj

S. : Dip a cloth into the solution and apply to ulcer, changing every half hour.

A black mixture is obtained. The potassium permanganate becomes reduced to potassium permanganate and manganese dioxide ; while the salicylic acid is decomposed into formic acid and carbon dioxide. The reaction may be expressed as follows :

$$\underset{\text{Salicyl. Acid}}{HC_7H_5O_3} + \underset{\text{Potass. Permang.}}{10KMnO_4} + \underset{\text{Water}}{H_2O} = \underset{\text{Formic Acid}}{4HCHO_4}$$
$$+ \underset{\text{Carbon Dioxide}}{3CO_2} + \underset{\text{Potass. Manganate}}{5K_2MnO_4} + \underset{\text{Mangan. Dioxide}}{5MnO_2}$$

Of course it should be understood that all statements concerning reactions in which potassium permanganate is one of the factors are only

Matters Personal and Impersonal.

Dr A Robinson of Annapolis was recently elected mayor of that town by acclamation.

Drs H. V. Kent and W. G. Putman have each been appointed councillors in Truro and Yarmouth respectively at the recent elections without opposition.

Dr C. H. Morris, of Windsor, was elected councillor in one of the wards of Windsor by a considerable majority.

Messrs Paterson & Foster, of Montreal, have published a very complete and useful map of the world showing the possessions held by the powers in different colors and also the locations of the numerous submarine cables.

Dr E. A. Kirkpatrick is confined to his residence suffering from an attack of acute rheumatism. Happily he is improving daily and will soon be able to resume practice.

Dr H. L. Dickey, of Charlottetown, has been appointed to the eye, ear, nose and throat department of the Charlottetown Hospital.

We omitted to mention in our last issue a reference to two marriages recently solemnized. Dr J. A. Sutherland, of Springhill, was married to Miss Christina Chisholm of River John, early in December. Dr M. D. Morrison, of Old Bridgeport and Miss Katie McDonald, of Sydney, were united in marriage on December 20th.

The death is announced at Edinburgh, of Sir Thomas Grainger Stewart, M. D. aged sixty-one years. Sir Thomas was physician to the Queen in Scotland and professor of clinical medicine in the University of Edinburgh and late president of the Royal College of Physicians of Edinburgh.

At the request of the French Society of Electrotherapy and Radiology, the International Congress of Medical Electrology and Radiology, the initiative of which it has taken, is connected to the International Congress of 1900. This Congress will take place in Paris, from the 27th of July to the 1st. of August 1900.

All enquiries for further information must be forwarded to *Prof. E. Doumer*, General Secretary, 57 Rue Nicolas-Leblanc, Lille.

Adhesions are to be sent to Dr Mounier, 11 Rue de Miromesnil, Paris.

Prof. E. DOUMER,
General Secretary.

Matters Medical.

PRESCRIPTION INCOMPATIBILITIES.—Under this head has appeared in recent issues of *Merck's Report* a series of articles by Dr. W. J. Robinson, of New York. In these articles the writer has shown the many mistakes made by practitioners in their endeavors to combine certain drugs and chemicals with a view to increasing their efficacy. At the same time he explains and justifies the use of many supposedly incompatible combinations, because of their practical utility.

The following are a few examples taken from the large and interesting list:

No. 1.—Iodoformi ..... ℥ss
Ætheris sulphur ..... ℥ss
Aq. hydrogenii peroxidi ..... ℥ij
S.: Shake well and apply externally.

This prescription is incompatible. The iodoform dissolves in the ether, and on mixing the solution with the peroxide iodine is liberated, as can be ascertained by adding gelatinized starch, when a deep-blue color is developed. Of course, the red-colored ethereal solution is immiscible with the H_2O_2 solution.

No. 2.—Iodoformi ..... ℥j
Ol. olivæ ..... ℥ij
Aquæ H_2O_2 ..... ℥ij
Pulv. acaciæ ..... q. s.
M. et ft. emulsio

This prescription is incompatible. The iodoform being dissolved in the oil, the peroxide reacts on it with the evolution of iodine. Impurities in a fixed oil will also sometimes cause the liberation of the iodine.

The following combination is an odd one, but not incompatible. Careful tests failed to discover any decomposition in the iodoform. This is again due to the insolubility of the iodoform in the menstruum:

No. 3.—Iodoformi ..... ℥j
Aq. hydrogenii perox ..... ℥j
S.: Shake well and apply with pledget of cotton.

No. 4.—Iodoformi, Hydrarg. chlor. mite ..... aa ℥ij
S.: For external use.

relatively correct, because the reaction depends to a great extent upon the quantity of the peroxygenate present, the concentration of the solution, the temperature employed, etc. For instance, there can be no doubt that a sufficient peroxygenate to prevent even the formic acid will undergo further oxidation until it is split up into carbon dioxide and water, thus

$$H\,CO_2H + O = CO_2 + H_2O$$

The patient who had ulcer of many years' standing said that he had derived more benefit from this mixture than from anything he had ever used. His sore was eventually healed. Was it time for it to get healed, was it the formic acid, was it the balance of the undecomposed salicylic acid—who will say?—W. J. Jackson, Ph. G., M. D., Professor of Pharmacy, College of Physicians and Surgeons, San Francisco, in *Pacific Medical Journal*.

The Responsibility of the Surgeon.—An action for damages against a Western surgeon of standing not unlike for the death of a patient, alleged to have been caused by sepsis due to a gauze sponge left in the abdominal cavity by oversight of the nurse, opens up a medical legal question of great moment and far-reaching interest.

From statements appearing in the daily press it is alleged that the nurse who was charged with the counting and care of the sponges when asked at the close of the operation whether all the sponges were accounted for, replied with positiveness in the affirmative and the surgeon, without suspicion or misgiving, closed the abdomen. Without seeming to prejudge the case or to speak ex cathedra as to the exact judicial status of the case, it must be apparent that if the responsibility for the accident can be fixed, a jury would be likely to award heavy damages. While it must be admitted that the nurse was derelict in her duty and that her want of care was the chief factor in causing so deplorable an event, it is doubtful whether the principal can escape the responsibility.

From the ordinary interpretation of common law as related to damages it seems to be well established that the contracting party, in this case the surgeon, must assume the entire liability, unless it be alleged that in this case the nurse was maliciously guilty of leaving the sponge behind.

It must be conceded that a surgeon who assumes so serious an operation on which the safety of life depends, must possess more than the ordinary skill which would qualify him for a minor operation, and that exhibition of ordinary skill would make sure the avoidance of so great and fatal a mistake.

Perhaps mitigating circumstances may have entered into the case which at the trial will exert qualifying and extenuating influence and thus relieve the operator to a greater or less extent from his personal responsibility. The result and not the motive will sway the decision of the court and contribute to, if not control, the measure of damages. Whether the verdict in this case will turn on the strict interpretation of law and testimony, or on sentimental considerations remains to be seen.

Doubtless many of the readers have known something of the anxiety concerning post-operative results in which the fear of similar neglect has given them unnumbered pangs of uncertainty and unrest.

As regards this particular accident it seems that attention to one of two points in technique would prove effective: Either all sponges should be fastened in holders, or kept in the fingers of the operator and removed when used, or they should be of such length, say a yard, as to allow one end of each to project outside the wound.

However this case may terminate it will have served a valuable purpose of calling the attention of the surgeon to those accidents which are liable to occur as a result of inefficiency or neglect on the part of nurses and assistants, and impress on him the necessity of great circumspection in the technique of operative surgery.—*New York Lancet.*

Treatment of a Case of Facial Neuralgia.—Bernays ("*Report of a Surgical Clinic*") cites a peculiarly obstinate case of facial neuralgia with treatment. The patient was a lady aged fifty years, who showed a good family history and whose previous health was also good. The trouble began with a severe neuralgic toothache of her lower right molars, and was paroxysmal at first, but after two months became continuous. The paroxysms generally occurred in the early morning, and entailed much acute suffering. The pain was relieved by biting strongly upon some firm object, but returned immediately when the pressure was removed. The touch of anything cold or hot promptly excited a paroxysm. A moderate heat when sustained produced the opposite effect. In the effort to afford relief four molars were extracted, but without success. The patient strenuously held out against the use of narcotics in any form throughout the entire course of the disease. Antikamnia in ten grain doses (two five-grain tablets) was found efficient as an obtundant, and was relied upon exclusively. Eight weeks after section of the nerve, when the report was written, there had been no return of her former trouble in any degree. *The Medical News*, [January 13th, 1900.]

Sanmetto as an Internal Remedy for Genito-Urinary Conditions.—While fully realizing the superfluity of further testimonials concerning a remedy so well and favorably known to the entire medical profession as is sanmetto, yet as I possess an extended knowledge of its reliability based on several years, clinical experience and on the treatment of hundreds of cases in which it has proven itself eminently fitted to lighten the cares of the genito-urinary surgeon, I am perhaps invested with a certain authority which should permit me the privilege of adding my mood of praise. In all the inflammatory conditions of the genito-urinary tract, from the meatus to the pelvis of the kidney, the administration of sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or of atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or pre-senility. I have found it of inestimable service in the preliminary preparation of cases requiring surgical interference, and, combined with salol, use it constantly to secure urinary antisepsis. I am fully of the opinion that sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions.

Chicago, Ill. H. R. Weber, M. D.

Univ. Md. School of Medicine, 1886, Member Am. Med. Assoc., etc.

A Universal Medicine

IS,

Hayden's Viburnum Compound

Endorsed and prescribed by the majority of all the leading physicians in the United States, and we take great pleasure in referring to any physician who has ever prescribed "H. V. C." as an

ANTISPASMODIC

Specially employed in diseases of WOMEN and in OBSTETRICS.

For new booklet address,

New York Pharmaceutical Company.

BEDFORD SPRINGS, Mass.

HOLLAND'S IMPROVED

Instep Arch Supporter.

NO PLASTER CAST NEEDED.

A Positive Relief and Cure for FLAT-FOOT.

80% of Cases treated for Rheumatism, Rheumatic Gout and Rheumatic Arthritis of the Ankle Joint are Flat-Foot.

The introduction of the improved *Instep Arch Supporter* has caused a revolution in the treatment of *Flat-foot*, obviating as it does the necessity of *taking a plaster cast of the deformed foot*.

The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these Supporters as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the *heavy, rigid, metallic plates* formerly used.

These Supporters are highly recommended by physicians for children who often suffer rom *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

Sole Agents for Canada: **LYMAN, SONS & CO.**, Surgical Specialists,

380-386 St. Paul St., - - MONTREAL.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

WHEELER'S TISSUE PHOSPHATES

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach:* Cone-Calcium, Phosphate $Ca_3\ 2PO_4$ Sodium Phosphate $Na_2\ HPO_4$, Ferrous Phosphate $Fe_3\ 2\ PO_4$ Trihydrogen Phosphate $H\ PO_4$ and the active Principals of Calisaya and Wild Cherry.

The special indication of this combination is Phosphate in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition. Alcohol, Opium, Tobacco Habits Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of therapeutists.

NOTABLE PROPERTIES.—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, *by determining the perfect digestion and assimilation of food.* When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to good-will of the patient. Being a Tissue Constructive, it is the best general utility compound for Tonic Restorativ-purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

DOSE.—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B WHEELER, M. D., Montreal, P. Q.

☞ To prevent substitution, put up in bottles only, and sold by all Druggists at ONE DOLLAR.

C. G. SCHULZE, PRACTICAL WATCH and CHRONOMETER MAKER,

—— Importer of ——

Fine Gold and Silver Watches, Clocks, Fine Jewelry and Optical Goods,

Chronometers for Sale, for Hire and Repaired.
Rates determined by Transit Observation.

All kinds of Jewelry made at shortest notice. Special attention given to repairing Fine Watches.

105 BARRINGTON STREET, - HALIFAX, N. S.

High-class Tailoring

AT

E. MAXWELL & SONS,

132 GRANVILLE STREET, HALIFAX.

Established LEITH HOUSE. 1818.

KELLEY & GLASSEY

(Successors A. McLeod & Sons.)

Wine and Spirit Merchants

IMPORTERS OF ALES, WINES AND LIQUORS.

Among which is a very superior assortment of

Port and Sherry Wines, Champagnes, Bass's Ales, Guinness's Stout, Brandies, Whiskies, Jamaica Rum, Holland Gin, suitable for medicinal purposes; also, **Sacramental Wine,** and pure Spirit (65%) for Druggists.

WHOLESALE AND RETAIL. Please mention the MARITIME MEDICAL NEWS.

AMMONOL

THE STIMULANT · ANALGESIC · ANTIPYRETIC · ETHICAL

THE AMMONOL CHEMICAL COMPANY, Manufacturing Chemists, NEW YORK CITY.

H. P. BELANSON.

— IMPORTER OF —

Gentlemen's Furnishing Goods and Boys' Ready Made Clothing

CUSTOM SHIRT MAKER.
Shirts Re-Collared and Re-Cuffed.

Cor. Granville and Duke Sts., - Halifax, N. S.

Good White Envelopes

in stock, and printed to order

500 for $2.00,
1,000 for $3.00.

JAMES BOWES & SONS, - Printers.
HALIFAX.

50 YEARS' EXPERIENCE

PATENTS

TRADE MARKS
DESIGNS
COPYRIGHTS &C.

Anyone sending a sketch and description may quickly ascertain our opinion free whether an invention is probably patentable. Communications strictly confidential. Handbook on Patents sent free. Oldest agency for securing patents.

Patents taken through Munn & Co. receive special notice, without charge, in the

Scientific American.

A handsomely illustrated weekly. Largest circulation of any scientific journal. Terms, $3 a year; four months, $1. Sold by all newsdealers.

MUNN & Co. 361 Broadway, **New York**
Branch Office, 625 F St., Washington, D. C.

Proved by the Test
- - of Success! - -

Physicians Use Our Biological Products with Pronounced Satisfaction.

Literature cheerfully furnished on application.

Your correspondence earnestly solicited.

We Call Your Attention to the Following and Their Uses: • • •

ASEPTIC VACCINE,
For immunization against Smallpox.

ANTIDIPHTHERITIC SERUM,
For Diphtheria.

ANTISTREPTOCOCCIC SERUM,
For Puerperal Fever, Erysipelas, Scarlatina, etc.

ANTITETANIC SERUM,
For Tetanus (Lockjaw).

ANTITUBERCLE SERUM,
For Tuberculosis.

COLEY'S MIXTURE,
For the treatment of inoperable Tumors (Sarcoma).

CULTURE MEDIA,
For use in bacteriological work.

MICROSCOPIC SLIDES,
For microscopic diagnosis. Mounted in balsam.

NUCLEIN,
For incipient Tuberculosis, etc.

TUBERCULIN,
For Diagnosis of Tuberculosis.

Parke, Davis & Company,

Eastern Depot for Canada, 378 St. Paul St.
MONTREAL, QUE.

WALKERVILLE, ONT.